

**IDAHO ADULT DRUG COURT
CONSENT FOR DISCLOSURE OF
CONFIDENTIAL SUBSTANCE ABUSE INFORMATION**

I, _____, hereby give my permission for an ongoing
(Name of Defendant)

exchange of information among _____,
drug / alcohol treatment provider (s)

the following individuals and agencies working together in _____ Drug Court,
County or District

- ☐ Drug Court Presiding Judge
- ☐ Prosecuting Attorney or Deputy Prosecuting Attorney
- ☐ Public Defender / other Defense Counsel
- ☐ Misdemeanor Probation Staff
- ☐ Drug Court Coordinator / Drug Court Staff
- ☐ Local law enforcement agency personnel, in their capacity as drug court team member
- ☐ Idaho Department of Correction Probation or Pre-sentence staff
- ☐ Other service agencies who are providing services to participants of this drug court
- ☐ My victim(s), to the extent my information is in the presentence investigation report
- ☐ Department of Health and Welfare and its substance abuse management contractor

and also

Name of Person	Relationship
----------------	--------------

and also

Name of Person	Relationship
----------------	--------------

and also

Name of Person	Relationship
----------------	--------------

The purpose of, and need for, this exchange of information is to provide information about my eligibility and acceptability for drug court, about the treatment I need, and about my progress. The information to be exchanged may include information about my diagnosis, treatment plan, treatment attendance, program compliance, progress, and prognosis related to each drug court phase of participation. This information will allow the team to plan and coordinate the services I need, to impose appropriate sanctions or rewards for my behavior, to submit billings for my services, to maintain data about me, and to audit, evaluate, or conduct research about drug court activities and effectiveness. It will also allow any persons named in this consent (such as family members) to be involved in my drug court activities. I further understand that some or all of this information will be discussed in open court, where any person in the courtroom may hear the information. The nature of the information to be shared will include, but is not limited to: arrest and prior criminal record, intake, risk and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug test results, progress reports, reports of program compliance and other related behavior, and recommendations for services, sanctions, and rewards.

Disclosure of this otherwise confidential information may be made only as necessary for, and pertinent to, hearings, case planning, treatment and/or reports concerning Case No. _____. No person, other than as listed above, will have access to this information without my further consent.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the drug court for the above referenced case, either by my successful completion of the drug court requirements OR upon sentencing for my original offense, if I am terminated from drug court, OR upon written revocation. I understand that revoking this consent will result in my termination from drug court. I agree that the disclosure of the above information, prior to drug court termination, sentencing, and / or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

Date	Defendant Printed Name	Defendant Signature
------	------------------------	---------------------